



Brookfield East High School 2012 Football Camp

This camp will play a part in developing the skills and knowledge necessary to play high school football. All participants will benefit from this experience. The camp stresses skill development, teamwork, and proper attitude.

Camp Director: Tom Swittel, Head Football Coach at Brookfield East High School
For: Those entering grades 9 – 12
Dates: Monday, July 23rd thru Friday, July 27th
Time: 3:30 P.M. – 8:00 P.M. Monday through Wednesday
Thursday and Friday 2 - 3:30 P.M. walkthrough and 3:30 - 8:00 P.M. camp.
Place: Brookfield East High School (One Day At Waukesha Catholic Memorial)
Cost: \$55.

Please make check payable to: **Brookfield East High School**

Materials needed for camp:

Appropriate gear for outdoor workouts: football shoes, shorts, sweat-shirt, etc. Football equipment (helmet, shoulder pads) will be issued.

Refund Policy: Full refund with written cancellation before Friday, July 13th.

BROOKFIELD EAST HIGH SCHOOL FOOTBALL CAMP

Name: _____ Home Phone: () _____

Address: _____ City: _____ Age: _____

State: _____ Zip Code: _____ Grade Fall 2012: 9th__ 10th__ 11th__ 12th__

Adult Shirt Size: Medium ___ Large ___ XL ___ XXL ___

My son has my permission to attend the Brookfield East High School Football Camp. I certify that within the past two years he has had a physical examination and is physically able to participate in football camp activities without restriction. In the event of illness or injury, I give my consent for medical treatment and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my son's attendance at the camp. I acknowledge that at the Brookfield East Football Camp my son will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground that at the Brookfield East High School Football Camp he may incur risk of an injury. I specifically release the Brookfield East High School, the Football Camp and staff from liability for any claim for damages which I or my son may have for injuries that he may sustain at camp.

Camper's Signature: _____ **Mail application form with \$55.00 for each**

Parent's Signature: _____ **applicant to:**

Emergency Contact (other than parent): _____ **Tom Swittel c/o Brookfield East High School**

Name: _____ Phone #: _____ **3305 North Lilly Road, Brookfield, WI 53005**